## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

10629915

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                               |                                  |                  |          | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--------------|-------------------------------|----------------------------------|------------------|----------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   |              |                               | *                                | 20*              | li       | RATE                | FEE                    |       | RATE                       | FEE                    |
| FOR .  |  |   | NUMBER FILED |                               | NUMBE                            | R EXTRA          |          | BASIC FEE           | 375.00                 | OR    | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | \            |                               | *                                |                  |          | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =  |                               | *                                |                  |          | X42=                |                        | OR    | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |                               | ,                                |                  |          | +140=               |                        | OR    | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |              |                               | r "0" in co                      | olumn 2          |          | TOTAL               |                        | OR    | TOTAL                      | 750                    |
| CLAIMS AS AMENDED (Column 1)   |  |   |              |                               | TII                              | (Column 3)       | <u> </u> | SMALL E             | NTITY                  | OR    | OTHER<br>SMALL             | 4                      |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE | ,     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                                  | * ·              |          | X\$ 9=              |                        | OR    | X\$18=                     | ·                      |
|  | Independent  | *   | Minus        | ***                           |                                  | =                | ] ]      | X42=                |                        | OR    | : X84=                     |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |              |                               |                                  |                  | ┛╽       | +140=               |                        | OR    | +280=                      |                        |
|  |  | ·.  |              |                               |                                  | •                | , l      | TOTAL               |                        | ΛD    | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                               |                                  |                  |          | ADDIT. FEE          |                        | ٠.    | ADDIT. FEE                 |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | ##                            |                                  | =                |          | X\$ 9=              | •                      | OR    | X\$18=                     |                        |
|  | Independent  | *   | Minus        | ###                           |                                  | =                | 4        | X42=                |                        | OR    | X84=                       |                        |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | PENDEN                        | TCLAIM                           |                  | J        | +140=               |                        | OR    | +280=                      |                        |
| •  |  |   |              |                               |                                  |                  | ı        | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                               |                                  |                  |          | ADDIT: 1 CC         |                        |       |                            |                        |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUM<br>PREV            | HEST:<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                                  | =                | _        | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|  | Indep ndent  | *   | Minus        | ***                           |                                  |                  | _        | X42=                |                        | OR    | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |              |                               |                                  |                  |          |                     | OR                     | +280= |                            |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |                               |                                  |                  |          |                     | OR                     | TOTAL | -                          |                        |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the high st number found in the apprepriate box in column 1. |  |   |              |                               |                                  |                  |          |                     |                        |       |                            | : <del>L</del>         |